| | ED STATES DISTRICT COURT RICT OF NEW JERSEY | U.S. DISTRICT COURT DISTRICT OF NEW JERSEY RECEIVED |
|---|---|---|
| | STEPHEN W SWEIGART | 2015 NOV -4 A 9 24 |
| (In | the space above enter the full name(s) of the plaintiff(s).) | 5-7873 RMB |
| | - against - | |
| | SAMUEL SWEIGHT I | COMPLAINT oury Trial: Yes No (check one) |
| | | |
| | | |
| | | |
| | | |
| *** | | |
| | | |
| cannot j please v addition listed in | pace above enter the full name(s) of the defendant(s). If you it the names of all of the defendants in the space provided, write "see attached" in the space above and attach an al sheet of paper with the full list of names. The names the above caption must be identical to those contained in addresses should not be included here.) | |
| I. | Parties in this complaint: | |
| A. | List your name, address and telephone number. Do the same for any additional sheets of paper as necessary. | tional plaintiffs named. Attach |
| Plaintif | f Name STEPHEN | W. SWELGART |
| | Street Address 413 WOST | LAND AUE 2 27 |
| | County, City CHERRY H | 114 N.J. 08002-22 |
| | State & Zip Code | 102.86 |
| | Telephone Number 856 52 | 0 0834 |

| agency, an organization, a | hould state the full name of the defendants, even if that defendant is a government corporation, or an individual. Include the address where each defendant can be defendant(s) listed below are identical to those contained in the above caption. If paper as necessary. | | | | | | |
|---|---|--|--|--|--|--|--|
| Defendant No. 1 | Name SAMUEL SWELGART FLOODIA | | | | | | |
| C/A | Name SAM UEL SWEIGART FLOODUR Street Address 1300 RT 38 WEST AM THE COUNTY, City AMDEN - CHERRY HILL NT State & Zip Code NT OF GO 2 | | | | | | |
| 70 | County, City AMDEN - CHERRY WILL NT | | | | | | |
| | State & Zip Code NT SKOO 2 | | | | | | |
| | | | | | | | |
| Defendant No. 2 | Name | | | | | | |
| | Street Address | | | | | | |
| | County, City | | | | | | |
| | State & Zip Code | | | | | | |
| | | | | | | | |
| Defendant No. 3 | Name | | | | | | |
| | Street Address | | | | | | |
| | County, City | | | | | | |
| | State & Zip Code | | | | | | |
| | | | | | | | |
| Defendant No. 4 | Name | | | | | | |
| | Street Address | | | | | | |
| | County, City | | | | | | |
| | State & Zip Code | | | | | | |
| | | | | | | | |
| | | | | | | | |
| II. Basis for Jurisdiction: | | | | | | | |
| Federal Question - Under 28 U.S.C is a federal question case; 2) Diver | jurisdiction. There are four types of cases that can be heard in federal court: 1) § 1331, a case—involving the United States Constitution or federal laws or treaties sity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one and the amount in damages is more than \$75,000 is a diversity of citizenship case; 4) U.S. Government Defendant. | | | | | | |
| A. What is the basis for fede | ral court jurisdiction? (check all that apply) | | | | | | |
| Federal Questions | Diversity of Citizenship | | | | | | |
| U.S. Government Pla | intiff U.S. Government Defendant | | | | | | |
| | | | | | | | |
| B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? WITED STATES COPY RIGHT LAW | | | | | | | |
| | | | | | | | |

| | C. | If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? | | | | | |
|------------------------------------|---|---|--|--|--|--|--|
| | | Plaintiff(s) state(s) of citizenship NEW THE SET | | | | | |
| | | Defendant(s) state(s) of citizenship NOW TORSOF OR PEANSH NAM | | | | | |
| | III. | Statement of Claim: | | | | | |
| | State as briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the complaint is involved in this action, along with the dates and locations of all relevant events. You may include further details such as the names of other persons involved in the events giving rise to your clacite any cases or statutes. If you intend to allege a number of related claims, number and set forth each separate paragraph. Attach additional sheets of paper as necessary. | | | | | | |
| | A . | Where did the events giving rise to your claim(s) occur? CAMDIA COUNTY | | | | | |
| | В. | What date and approximate time did the events giving rise to your claim(s) occur? Woven Berk 2015 | | | | | |
| | | Actually sinc November 2014 | | | | | |
| What happened to you? | C. | Facts: A RogISTON COPUNC GNELL | | | | | |
| | | ANTHOY, SAMUEL SWELCART CONTINUALLY PLACES MY ADDRESS AS HIS. THE PERSON IS CONTINUALLY MIS REPROSING MY PERSON, | | | | | |
| Who did what? | | | | | | | |
| | | Robert Sueisart his Father | | | | | |
| Was anyone else involved? | | has been protonly he is my | | | | | |
| | | person Four many gears | | | | | |
| Who else saw what happened? | | FROM GOUGRNMENT ANIMAL SHELTER | | | | | |
| | | I have owned property since 1885 I always pay property TAS | | | | | |
| | | + always Pull Proposit 1713 | | | | | |

| IV. Injuries: |
|--|
| If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, |
| you required and received. |
| The my wy is loss of moones |
| for 40 years with Robert |
| Si Di Cara A |
| 655 d'Drom One YERS |
| SONUEL OWAGOOD |
| V. Relief: |
| State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and |
| the basis for such compensation. Frank Correction |
| and monetary compone the |
| |
| |
| |
| |
| |
| • |
| |
| |
| |

| I declare un | der penalty of p | erjury that the | foregoing is true and corre | ect. | | |
|--------------|------------------|-----------------|---|-----------|------------|----|
| Signed this_ | 4 day of | Nova | Skr | . 20_/5 | | |
| | | | Signature of Plaintiff | the last | JUL MOSO | ٥Z |
| | | | Telephone Number Fax Number (if you have on | | 0 0834 | |
| | | | E-mail Address SWS | music 200 | 2 yatroogs | m |

Signature of Plaintiff:

All plaintiffs named in the caption of the complaint must date and sign the complaint.

Note: